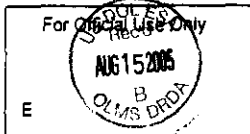


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6187</u>	2. Fiscal Year Covered From: <u>I</u> / <u>I</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Wayne Shatkoff</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4516 Perrysville Avenue</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15229</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 249</u> Labor Organization File Number <u>028-815</u> P.O. Box, Building and Room Number, if any <u>P. O. Box 40128</u> Street <u>4701 Butler Street</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15201-0128</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Wayne Shatkoff</u>	On <u>8/12/2005</u> Date	<u>(412) 682-3700</u> Telephone Number

Name of Person Filing Wayne Shatkoff	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. _____ 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. _____ 12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Jubelirer, Pass & Intrieri, P.C.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>219 Fort Pitt Boulevard</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>	14.a. Nature of payment. <u>Christmas gift of food and beverage valued at \$65.00 from law firm who represents Teamsters Local 249.</u>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u>\$65.00</u>

Name of Person Filing

WAYNE B. SHATKOFF

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BEYER-BARBER COMPANY**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1136 HAMILTON STREET, SUITE 103**

City **ALLENTOWN**

State **PENNSYLVANIA** ZIP Code + 4 **18101**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **TEAMSTERS LOCAL UNION # 249**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. BOX 40128**

Street **6701 BUTLER STREET**

City **PITTSBURGH**

State **PENNSYLVANIA** ZIP Code + 4 **15201-0128**

11.a. Nature of such dealing.

**TRUSTEE - PROVIDE REPRESENTATION AND
BENEFITS FOR INDIVIDUALS REPRESENTED
BY TEAMSTERS LOCAL UNION # 249**

11.b. Approximate dollar value of such dealing.

241,868.13

12.a. Nature of interest held or income received.

**DINNER AT THE INTL. FOUNDATION OF
EMPLOYEE BENEFIT PLANS 2004 IN NEW ORLEANS**

12.b. Amount

61.78

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing WAYNE B. SHATKOFF	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name WESTERN PA. TEAMSTERS PENSION PLAN</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 49 AUTO WAY</p> <p>City PITTSBURGH</p> <p>State PENNSYLVANIA ZIP Code + 4 15206-3663</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name TEAMSTERS LOCAL UNION # 249</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 40128</p> <p>Street 4701 BUTLER STREET</p> <p>City PITTSBURGH</p> <p>State PENNSYLVANIA ZIP Code + 4 15201-0128</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px;">TRUSTEE - PROVIDE REPRESENTATION AND BENEFITS FOR INDIVIDUALS REPRESENTED BY TEAMSTERS LOCAL UNION # 249</div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px;">AIRFARE REIMBURSED TO UNION TRUSTEE AT THE IFEBP NEW ORLEANS, LA.</div> <p>12.b. Amount. 216.00</p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing WAYNE B. SHATKOFF		File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name WESTERN PA. TEAMSTERS PENSION PLAN</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 49 AUTO WAY</p> <p>City PITTSBURGH</p> <p>State PENNSYLVANIA ZIP Code + 4 15206-3663</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name TEAMSTERS LOCAL UNION # 249</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 40128</p> <p>Street 4701 BUTLER STREET</p> <p>City PITTSBURGH</p> <p>State PENNSYLVANIA ZIP Code + 4 15201-0128</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> TRUSTEE - PROVIDE REPRESENTATION AND BENEFITS FOR INDIVIDUALS REPRESENTED BY TEAMSTERS LOCAL UNION # 249 </div> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> LODGING, MEALS AND INCIDENTALS NEMACOLIN WOODLANDS RESORT & SPA </div> <p>12.b. Amount. 467.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

Name of Person Filing WAYNE B. SHATKOFF	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name WESTERN PA. TEAMSTERS PENSION PLAN</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 49 AUTO WAY</p> <p>City PITTSBURGH</p> <p>State PENNSYLVANIA ZIP Code + 4 15206-3663</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name TEAMSTERS LOCAL UNION # 249</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 60128</p> <p>Street 4701 BUTLER STREET</p> <p>City PITTSBURGH</p> <p>State PENNSYLVANIA ZIP Code + 4 15201-0128</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE - PROVIDE REPRESENTATION AND BENEFITS FOR INDIVIDUALS REPRESENTED BY TEAMSTERS LOCAL UNION # 249</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>INTL.-FOUNDATION CONFERENCE IFEFP 51ST ANNUAL EMPLOYEE BENEFITS CONFERENCE HONOLULU, HI.</p> <p>12.b. Amount. 1,900.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>